

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441



February 1, 2022

Mr. Dan Lynch, Emergency Medical Services Director
Central California Emergency Medical Services Agency
P.O. Box 11867
Fresno, CA 93775

Dear Mr. Lynch:

This letter is in response to Central California Emergency Medical Services (EMS) Agency's 2019 EMS plan submission to the EMS Authority on September 12, 2019.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on transportation documentation provided, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before December 31, 2022. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Basnett".

Elizabeth Basnett, EMEDM
Acting Director
Emergency Medical Services Authority

Enclosure

eb:lg

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
 RANCHO CORDOVA, CA 95670
 (916) 322-4336 FAX (916) 324-2875



JAN 15



January 15, 2020

Dan Lynch, Director
 Central California EMS Agency
 PO Box 11867
 Fresno, CA 93775

Dear Mr. Lynch,

The Emergency Medical Services Authority has reviewed the Central California EMS agency Request for Proposal (RFP) #2020-16, version 2020-16-1, for Kings County. The RFP appears to conform with State statutes and regulations.

Based upon our review, the local EMS agency, utilizing a competitive process, is establishing ground ambulance exclusivity, pursuant to Health & Safety Code, Section 1797.85.

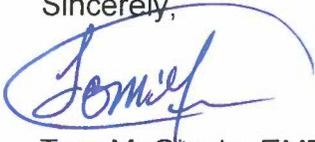
**Kings County
 For Emergency Ambulance Services (HSC 1797.85)**

Level of Exclusivity/ Scope of Operations	Based on Completion of RFP	Area or Subarea Notes
All Emergency Ambulance Services	N/A	N/A
9-1-1 Emergency Response	Exclusive	Competitive Process
7-Digit Emergency Response	Exclusive	Competitive Process
ALS Ambulance	Exclusive	Competitive Process
All ALS Ambulance Services	Exclusive	Competitive Process
All CCT/ ALS Ambulance Services	N/A	N/A
BLS Non-Emergency & IFT	N/A	N/A
Critical Care Transport	N/A	N/A
Standby Service with Transport Authorization	Exclusive	Competitive Process

D. Lynch
January 15, 2020
Page 2

Upon completion of your competitive process, please submit a final Ambulance Zone Summary Form and a copy of the fully executed contract. If you have any questions, please contact Laura Little, Transportation Coordinator at (916) 431-3677.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tom McGinnis", is written over a blue oval scribble.

Tom McGinnis, EMT-P
Chief, EMS Systems Division

EMERGENCY MEDICAL SERVICES AUTHORITY

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 RANCHO CORDOVA, CA 95670
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JAN 14



January 14, 2020

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 Central California EMS Agency
 PO Box 11867
 Fresno, CA 93775

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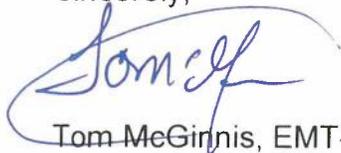
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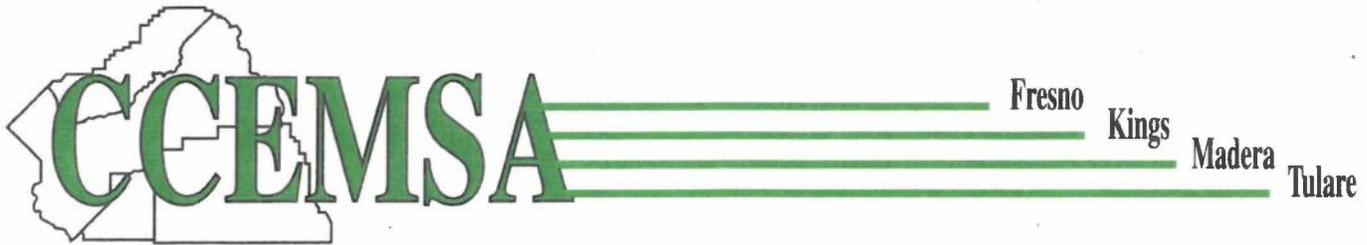
D. Lynch
January 14, 2020
Page 2

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Tom McGinnis, EMT-P
Chief, EMS Systems Division



Central California Emergency Medical Services Agency

A Division of Fresno County
Department of Public Health

January 7, 2020

Tom McGinnis, Chief
Emergency Medical Services Authority
10901 Gold Center Dr., Suite 400
Rancho Cordova, CA 95670

Dear Mr. McGinnis:

The purpose of this letter is to respond to the EMS Authority's finding during a review of the EMS plan for the Central California EMS Agency. The single finding was that the Authority was unable to confirm an ALS agreement exists with the California Highway Patrol.

The EMS Agency does not have a provider agreement with the California Highway Patrol. While the paramedics that staff CHP Helicopter 40 are locally accredited and function under CCEMSA policies and procedures, a provider agreement has never been available to the EMS Agency from the State.

The EMS Agency contacted the air support division of the CHP and they stated that they do not have agreements. In a few LEMSAs, a letter of authorization has been provided. Sgt. Ron Wilson, CHP Air Operations in Sacramento, also provided us with this section of the California Code of regulations:

CCR Title 22, Division 9, Chapter 8, Section 100300

(5) EMS aircraft must be authorized by the local EMS agency in order to provide prehospital patient transport within the jurisdiction of the local EMS agency. A request from a designated dispatch center shall be deemed as authorization of aircraft operated by the California Highway Patrol, Department of Forestry, National Guard or the Federal Government.

Tom McGinnis, Chief
January 7, 2020
Page 2

The CHP Helicopter 40 is seldom used for prehospital calls unless it is in remote areas of the county or during rescue events. Based on our conversation with CHP Air Operations in Sacramento, we do not plan on pursuing an agreement with them.

If you have any questions, please contact me at (559) 600-3387.

Sincerely,



Daniel J. Lynch
EMS Director

DJL:rb

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
 RANCHO CORDOVA, CA 95670
 (916) 322-4336 FAX (916) 322-1441



January 2, 2020

Mr. Dan Lynch, EMS Director
 Central California EMS Agency
 P. O. Box 11867
 Fresno, CA 93775

Dear Mr. Lynch,

The Emergency Medical Services Authority (EMSA) has reviewed Central California Emergency Medical Services (EMS) Agency's 2019 EMS plan and is providing you with initial review findings in accordance with the Health and Safety Code (HSC) and California Code of Regulations (CCR).

Response and Transportation
<i>Authority</i>
HSC § 1797.178 and CCR, Title 22, § 100168(b)(4)
<i>Findings</i>
EMSA is unable to confirm an advanced life support (ALS) agreement is in place with the following provider: <ul style="list-style-type: none"> • California Highway Patrol

For the entity where EMSA has found no ALS agreement in accordance with HSC § 1797.178 and CCR, Title 22, § 100168(b)(4), please confirm an agreement is in place with the provider by submitting a copy of the agreement to EMSA. For any provider performing ALS services in Central California EMS Agency's EMS system without a current ALS agreement in place, please provide clarification on why an agreement does not exist.

Please provide a written response and/or revised EMS plan addressing the findings within 60 days of the date of this letter to allow EMSA to assess and render a determination on your 2019 EMS plan. Should you have any questions, please contact me at (916) 431-3695.

Sincerely,

Tom McGinnis, EMT-P
 Chief, EMS Systems Division

**Central California
Emergency Medical Services Agency**

**REGIONAL
EMERGENCY MEDICAL SERVICES
PLAN UPDATE**



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**HEALTH & HUMAN
SERVICES AGENCY
DIRECTOR**

Timothy Lutz

September 2019

Central California Emergency Medical Services Agency
A Division of Fresno County Department of Public Health

Director of Emergency Medical Services.....Daniel Lynch
Emergency Medical Services Medical DirectorJim Andrews, M.D.

Central California EMS Agency
EMS Plan UPDATE - 2019

Summary

This EMS Plan update outlines the many changes that have occurred over the past year. The EMS System has been challenged with disruptions caused by unnecessary legislation that threatens to change effective operations of the EMS system and the ongoing delays of ambulance patient off-load times. The costs related to both of these areas is overwhelming to a system that has very little access to available funding for the EMS system. Over 50% of the EMS Region are Medi-Cal users and 80% of the ambulance patients are either on Medi-Cal or Medi-Care. Unfortunately, this leaves substantial financial burden on the patient or on the ambulance provider. The EMS Agency has supported legislation to add additional funding to the ambulance system through the Quality Assurance Fee, Ground Emergency Medical Transport program, and the Intergovernmental Transfer process. The lack of stable reimbursement of ambulance services will continue to place the EMS system in a fragile position.

The EMS system remains resilient. EMS providers and hospitals continue to manage sufficiently in the provision of quality services while the volume of patients being transported by ambulance and seen in local emergency departments exceeds historic levels. This trend will continue and the EMS system needs to be prepared.

The EMS Agency has reviewed its priorities and continues to direct its efforts to those priorities that meet the absolute needs of the four-county EMS region. A brief summary of these changes are as follows:

- System Organization and Management
 - Spent time and effort protecting the Counties and EMS system from disruptive legislation that would decrease local control, remove medical control, and add significant costs to system operations
 - Updating of EMS Policies and Procedures for the 4-county EMS region
 - Identification of facilities to house a new EMS Communications Center
- Staffing and Training
 - Continued the provision of 2 paramedic training courses each year
 - Established skills training and skills check off training program for EMTs not associated with an agency but wish to continue their EMT certification
- Communications
 - Implementation of new frequencies to assist in the response to incidents in the 4-county EMS system
 - Continued efforts towards expanding Fresno County EMS Communications Center for future growth.
- Response and Transportation
 - Continue to monitor policies to address immediate transport of patients as a priority
 - Monitor EMS response to 5150 and mental health patients. Continue work with behavioral health departments to better manage the care and destination of clients. This includes the

- participation in the Community Paramedic Project for alternate destinations.
 - Prepare and distribute monthly performance reports on ambulance providers
 - Completed the annual ambulance rate study for the region.
 - Continue to work with hospitals and ambulance providers on ambulance patient off-load times.

- Facilities and Critical Care Centers
 - Participation and leadership of the Central Region Trauma Coordinating Committee for development and management of a trauma system with-in the surrounding 12 counties
 - Assist in the coordination of opening Tulare Regional Medical Center by Adventist Medical Centers.
 - Assist in the ACS verification of Valley Children's Hospital as a Level II Pediatric Trauma Center
 - Assist in the ACS re-verification of Community Regional Medical Center as a Level I Trauma Center and Kaweah Delta Medical Center as a Level III Trauma Center (the last one – All trauma center have ACS verification).

- Data Collection and Evaluation
 - Continued to evaluate and monitor on-scene time performance regarding STAT trauma and STAT Medical patients
 - Collection, verification and submittal of prehospital and trauma data to CEMESIS
 - Transitioned patient care information data set to the latest version of NEMSIS and continue to work with providers to assure that data is correct
 - Continued participation in the Central Valley Health Information Exchange.

- Disaster Response
 - Each County in the regions employs a Medical/Health Operational Area Coordinator (MHOAC):
 - Fresno County: Curtis Jack, EMS Coordinator
 - Kings County: Ed Hill, Public Health Director
 - Madera County: Marisol Torres, Public Health
 - Tulare County: Dr. Karen Haught, Health Officer
 - Manage and implement the Hospital Preparedness Program (HPP) Grant
 - Participation and leadership of the Homeland Security Grant Committee
 - Planning and implementation of disaster drills including tabletop and functional hospital exercise, hazmat and MCI training, and Incident Command System training
 - Continued implementation and training of EMS polices related to multi-casualty/mass casualty incidents, including prehospital, hospital, dispatch and EMS Agency responses
 - Training and preparedness for deployment of ambulance strike teams incidents throughout the state
 - The local EMSA Agency is involved in disaster planning and participates in disaster exercises in the operational area.

- Public Information and Education
 - Release of media information and participation in media events related emergency medical services.

Table 1 - System Organization and Management

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
Agency Administration					
1.01 LEMSA Structure		X		X	
1.02 LEMSA Mission		X		X	
1.03 Public Input		X		X	X
1.04 Medical Director		X	X		

Planning Activities

1.05 System Plan		X		X	
1.06 Annual Plan Update		X		X	
1.07 Trauma Planning		X	X	X	X
1.08 ALS Planning		X			
1.09 Inventory of Resources		X		X	
1.10 Special Populations		X	X		X
1.11 System Participants		X	X	X	

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
Regulatory Activities					
1.12 Review & Monitoring		X		X	
1.13 Coordination		X		X	
1.14 Policy & Procedures Manual		X		X	
1.15 Compliance w/ Policies		X		X	

System Finances

1.16 Funding Mechanism		X			
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Medical Direction	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.17 Medical Direction		X		X	X
1.18 QA / QI		X	X	X	
1.19 Policies, Procedures, Protocols		X	X	X	X
1.20 DNR Policy		X		X	X
1.21 Determination of Death		X		X	
1.22 Reporting of Abuse		X		X	
1.23 Interfacility Transfer		X		X	

Enhanced Level: Advanced Life Support

1.24 ALS Systems		X	X	X	X
1.25 On-Line Medical Direction		X	X	X	

Enhanced Level: Trauma Care System	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.26 Trauma System Plan		X		X	

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan		X			
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Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X		X	X
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Staffing / Training

Local EMS agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X		X	X
2.02 Approval of Training		X			X
2.03 Personnel		X		X	

Dispatchers

2.04 Dispatch Training		X	X	X	X
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First Responders (non-transporting)

2.05 First Responder Training		X		X	X
2.06 Response		X		X	X
2.07 Medical Control		X			

Transporting Personnel

2.08 EMT-I Training		X	X	X	X
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Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X	X		X

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.11 Accreditation Process		X			X
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X		X	

Communications

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communication Plan		X	X	X	X
3.02 Radios		X	X	X	
3.03 Interfacility Transfer		X		X	
3.04 Dispatch Center		X			
3.05 Hospitals	X		X	X	X
3.06 MCI/Disasters		X		X	X

Public Access

3.07 9-1-1 Planning/ Coordination		X	X	X	
3.08 9-1-1 Public Education		X		X	

Resource Management

3.09 Dispatch Triage		X	X	X	X
3.10 Integrated Dispatch		X	X		

Response / Transportation

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries		X	X	X	X
4.02 Monitoring		X	X	X	X
4.03 Classifying Medical Requests		X		X	X
4.04 Prescheduled Responses		X			

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.05 Response Time Standards		X	X	X	X
4.06 Staffing		X		X	X
4.07 First Responder Agencies		X		X	X
4.08 Medical & Rescue Aircraft		X		X	X
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability		X		X	X
4.11 Specialty Vehicles		X	X	X	X
4.12 Disaster Response		X		X	X
4.13 Intercounty Response		X	X	X	X
4.14 Incident Command System		X		X	X
4.15 MCI Plans		X			

Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X	X		X
4.17 ALS Equipment		X			

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.18 Compliance		X		X	X

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan		X		X	X
4.20 "Grandfathering"		X			
4.21 Compliance		X		X	X
4.22 Evaluation		X			X

Facilities / Critical Care

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities		X	Action needed to complete	X	X
5.02 Triage & Transfer Protocols		X		X	X
5.03 Transfer Guidelines		X			X
5.04 Specialty Care Facilities		X			X
5.05 Mass Casualty Management		X	X	X	
5.06 Hospital Evacuation		X		X	

Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation		X			
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Enhanced Level: Trauma Care System

5.08 Trauma System Design		X			X
5.09 Public Input		X			

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design		X		X	X
5.11 Emergency Departments		X			X
5.12 Public Input		X		X	

Enhanced Level: Other Specialty Care Systems

5.13 Specialty System Design		X			X
5.14 Public Input		X			

Data Collection / System Evaluation

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X	X	X	X
6.02 Prehospital Records		X			X
6.03 Prehospital Care Audits		X	Action needed to complete	X	X
6.04 Medical Dispatch		X		X	
6.05 Data Management System		X	Action needed to complete	X	X
6.06 System Design Evaluation		X			X
6.07 Provider Participation		X			
6.08 Reporting		X			X

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X	Action needed	X	X
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Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X		X	X
6.11 Trauma Center Data		X	Action needed to complete	X	X

Public Information and Education

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
7.01 Public Information Materials		X	Action needed to complete		X
7.02 Injury Control		X	Action needed to complete		X
7.03 Disaster Preparedness		X	X		X
7.04 First Aid & CPR Training		X	Action needed		X

Disaster Medical Response

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning		X		X	
8.02 Response Plans		X	X	X	
8.03 HazMat Training		X			
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties		X	X	X	
8.06 Needs Assessment		X	X		
8.07 Disaster Communications		X		X	X
8.08 Inventory of Resources		X	X	X	X
8.09 DMAT Teams	n/a			X	
8.10 Mutual Aid Agreements		X		X	X
8.11 CCP Designation		X			X
8.12 Establishment of CCPs		X			X
8.13 Disaster Medical Training		X	X	X	X
8.14 Hospital Plans		X	X	X	
8.15 Interhospital Communications		X		X	X
8.16 Prehospital Agency Plans		X	X	X	X

Enhanced Level: Advanced Life Support

8.17 ALS Policies		X			
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Enhanced Level: Specialty Care Systems	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long- range Plan
8.18 Specialty Center Roles		X			

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19 Waiving Exclusivity		X			
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	Each Local EMS Agency shall have a formal organizational structure which includes both staff and non-agency resources and which includes appropriate technical and clinical expertise.	☑	☑	☐	The EMS Agency has reorganized staff to address the priorities of the EMS Agency and to address cross-training of personnel through-out the agency. The organizational chart included in this update reflects the changes that have been made in job assignments	To maintain funding and staffing levels that allows the EMS Agency to meet the requirements of the EMS Plan.
1.02	Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes	☑	☑	☐	The EMS Agency Continuous Quality Improvement committee has implemented CARES to evaluate, monitor and report on Cardiac Arrest within the EMS Region. The information obtained thus far is very interesting and provides us with data we did not have before.	The objective is to monitor the care and treatment of cardiac arrest and report outcomes to the EMS system.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07	The local EMS Agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions	☑	☑	☑	Valley Children's Hospital and Kaweah Delta obtained ACS verification and Community Regional Medical Center was re-verified by ACS. All trauma centers in CCEMSA are ACS verified and that is the standard in the EMS region.	All trauma centers in the EMS region will achieve verification through ACS.
1.08	Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.	☑	☑	☑	Tule River Indian Tribe in Tulare County has implemented a ALS ambulance system and has executed an ALS agreement to operate. They will participate in the EMS system, be dispatched by the county-wide dispatch center and participate in mutual aid as needed.	Provide 100% advanced life support coverage throughout the region.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.10	Each Local EMS Agency shall identify population groups served by the EMS system which require specialized services.	☑	☑	☐	While the EMS agency has met this requirements for many years, the one area of weakness was in disaster response and identifying these populations in the event of evacuation of power shut-off. We have worked with our PHEP program and our various county departments to develop a plane to access data that would identify fragile populations.	Continue to improve and enhance the EMS system wherever possible.
1.14	Each Local EMS Agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.	☑	☑	☑	The policy and procedures manual is reviewed and policies are updated as needed. All policies and procedures are posted on the EMS agency website and changes to EMS policy are posted as draft and also sent out through social media when implemented.	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.16	Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund	☑	☑	☑	The EMS Agency has been struggling with a balanced busget due to increasing personnel costs. The EMS Agency has revised fees and increased the cost to its member counties. The EMS Fund has not generated the funds it once had and this has increased the need to adjust fees. The regional EMS Administrators are working with the state to augment the current state general funds provided to regions.	Continue to assure ALS ambulance coverage throughout the EMS region and assure all ALS providers maintain up-to-date performance agreements
1.28	The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.	☑	☑	☑	A new exclusive operating agreement was implement on January 1, 2018 after a competitive bid process. The information is included in the Transportation Plan.	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.07	Non-transporting first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Several non-transporting first responder agencies (fire and law) continue to upgrade skill levels to provide Narcan and epinephrine auto-injectors.	Continue to improve and enhance the EMS system wherever possible.
3.05	All hospitals within the local EMS system shall have the ability to communicate by two-way radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	We have attempted to use the HEAR radio system in past. It does not allow for region-wide coverage. We are working on a different plan that meets the needs of the system.	Continue to improve and enhance the EMS system wherever possible.
3.09 / 4.03 / 6.04	The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	The two designated EMS dispatch centers in the CCEMSA use Medical Priority Dispatch System. The EMS agency medical director and administrator have performed an extensive study of over 200,000 responses in order to modify the response priority and reduce red lights and siren responses. The study also determine the need for first responders and calls that would be more appropriate for a BLS ambulance. In 2018, EMS dispatch policy was modified to further modify priorities and reduce emergency response.	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.05	Each local EMS Agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to the arrival of the responding unit at the scene, including all dispatch intervals and driving time.	☑	☑	☑	On January 1, 2018, the EMS agency implemented new response time standards in the Fresno County exclusive operating area as part of the system review and RFP for the Fresno County EOA.	Continue to find opportunities to increase the level of service throughout the EMS region
4.06	All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.	☑	☑	☑	This past year, the EMS Agency engaged first responder agencies to update the required equipment list for ambulances and first responders.	Continue to find opportunities to increase the level of service throughout the EMS region

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.12	The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster	☑	☑	☐	<p>In 2018, the EMS Director was given responsibility for oversight of the Fresno County Office of Emergency Services. The combining of these programs has enhanced our ability to account for and assess resources, as well as, planning for the mobilization of vehicles and resources.</p> <p>The MHOAC also is housed in the EMS Agency, which provides a huge advantage in response capability.</p>	Assure that the EMS system is prepared for disaster response.
4.14	The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.	☑	☑	☐	The EMS Agency and providers have been involved in large multi-disciplinary trainings that involved training in ICS.	Assure that the EMS system is prepared for disaster response

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.19	<p>Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:</p> <ul style="list-style-type: none"> a) Minimum standards for transportation services b) Optimal transportation system efficiency and effectiveness; and c) Use of a competitive process to ensure system optimization. 	☑	☑	☑	A new exclusive operating agreement was implemented on January 1, 2018 after a competitive bid process. The information is included in the Transportation Plan.	Continue to find opportunities to increase the level of service throughout the EMS region
4.22	The local EMS agency shall periodically evaluate the design of exclusive operating areas.	☑	☑	☑	On January 1, 2018, the EMS agency implemented new response time standards in the Fresno County exclusive operating area as part of the system review and RFP for the Fresno County EOA.	Continue to find opportunities to increase the level of service throughout the EMS region

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.06	The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers	☑	☑	☑	In partnership with the Hospital Preparedness Program, the EMS Agency work with the hospitals on an evacuation plan and process. Two hospital evacuation exercises have been conducted in the region and the MHOAC and RDMHS have also been involved.	Continue to work with local area hospitals for integration into the EMS system.
5.14	In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.	☑	☑	☐	The EMS agency has been working with system participants on the development of a prehospital stroke system. It is anticipated that a stroke system will be implemented in 2019 with great involvement of hospitals and in accordance with the newly approved state regulations.	Continue to work with local area hospitals for integration into the EMS system

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.11	The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including specific information which is required for quality assurance/quality improvement and system evaluation.	☑	☑	☐	<p>FINALLY!! After a long period of time, the EMS Agency is able to submit trauma data to CEMSIS. In 2016, the EMS agency worked with its trauma centers to replace an old trauma registry data system. After a review of data systems the trauma centers and EMS agency implemented a new system that will provide needed reports and data that can be used to evaluate the system. In 2019, we finally completed the project and submitted data to CEMSIS.</p>	Continue to work with local area hospitals for integration into the EMS system.

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: Central California EMS Agency

Reporting Year: 2018

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:

County: Fresno

a. Basic Life Support (BLS)	<u>13.4%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>86.6%</u>

County: Kings

a. Basic Life Support (BLS)	<u>0.1%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>99.9%</u>

County: Madera

a. Basic Life Support (BLS)	<u>1.8%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>98.2%</u>

County: Tulare

a. Basic Life Support (BLS)	<u>9.1%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>90.9%</u>

Table 2 - System Organization & Management (cont.)

2. Type of agency a.*
 a - Public Health Department
 b - County Health Services Agency *Fresno County Department of Public Health under contract to Kings, Madera and Tulare Counties
 c - Other (non-health) County Department
 d - Joint Powers Agency
 e - Private Non-profit Entity
3. The person responsible for day-to-day activities of EMS agency reports to: d.
 a - Public Health Officer
 b - Health Services Agency Director/Administrator
 c - Board of Directors
 d - Other: Fresno - Director of Public Health;
Kings - Public Health Director;
Madera - Director of Public Health,
Tulare – Health Agency Director
4. Indicate the non-required functions which are performed by the agency

Implementation of exclusive operating areas	Yes
Designation of trauma centers/trauma care system planning	Yes
Designation/approval of pediatric facilities	Yes
Designation of STEMI centers	Yes
Designation of Stroke centers	Yes
Designation of other critical care centers	Yes
Development of transfer agreements	Yes
Enforcement of local ambulance ordinance	Yes
Enforcement of ambulance service contracts	Yes
Operation of ambulance service	No
Continuing education	Yes
Personnel training	Yes
Operation of oversight of EMS dispatch center	Yes
Non-medical disaster planning	Yes
Administration of critical incident stress debriefing team (CISD)	No
Administration of disaster medical assistance team (DMAT)	No
Administration of EMS Fund [Senate Bill (SB) 12/612]	Yes
Administration of local EMS training/certification of EMS Dispatchers, MICNs and Base Hospital Physicians	Yes
Assist with the training of Emergency Resident Physicians and National Park Ranger (ParkMedic) Program	Yes

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (all but contract personnel)	<u>\$2,089,029</u>
Contract Services (e.g. medical director)	<u>\$117,312</u>
Operations (e.g. copying, postage, facilities)	<u>\$448,766</u>
Travel, Education, Garage	<u>\$29,288</u>
Fixed assets	<u>\$0</u>
Indirect expenses (overhead)	<u>\$0</u>
Ambulance subsidy (Separate budget from EMS Agency)	<u>\$113,375</u>
EMS Fund payments to physicians/hospital	<u>Managed by each County</u>
Dispatch center operations (non-staff)	<u>\$2,376,566</u>
Training program operations	<u>\$71,033</u>
Other: Public Health Funding	<u>\$0</u>
TOTAL EXPENSES	<u>\$5,256,134</u>

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	-0-
Preventive Health and Health Services (PHHS) Block Grant	-0-
Office of Traffic Safety (OTS)	-0-
State general fund	<u>\$405,729</u>
County general fund	-0-
Other local tax funds (e.g., EMS district)	-0-
County contracts (e.g. multi-county agencies)	<u>\$161,592</u>
Certification fees	<u>\$78,707</u>
Training program approval fees	-0-
Training program tuition/Average daily attendance funds (ADA)	<u>\$386,984</u>
Job Training Partnership ACT (JTPA) funds/other payments	-0-
Base hospital application fees	-0-
Base hospital designation fees	-0-
Trauma center application fees	-0-
Trauma center designation fees	-0-
Pediatric facility approval fees	-0-
Pediatric facility designation fees	-0-
Other critical care center application fees	-0-
Type: <u>n/a</u>	
Other critical care center designation fees	-0-
Type: <u>n/a</u>	
Ambulance service/vehicle fees	-0-
Contributions	-0-
EMS Fund (SB 12/612)	<u>\$130,000</u>
Other grants: HPP	<u>\$56,127</u>
Other fees: <u>Dispatch Services</u>	<u>\$2,449,397</u>
Other (specify): <u>Other Public Health Funding</u>	<u>\$1,587,598</u>
 TOTAL REVENUE	 <u>\$5,256,134</u>

Table 2 - System Organization & Management (cont.)

7. Fee structure for FY 2019-20

 We do not charge any fees

 X Our fee structure is:

First responder certification	<u>-0-</u>
EMS dispatcher certification	<u>\$63</u>
EMT certification	<u>\$127</u>
EMT recertification	<u>\$82</u>
EMT-defibrillation certification	<u>-0-</u>
EMT-defibrillation recertification	<u>-0-</u>
Advanced EMT certification	<u>-0-</u>
Advanced EMT recertification	<u>-0-</u>
Paramedic accreditation	<u>\$52</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>\$39</u>
MICN/ARN recertification	<u>\$39</u>
EMT training program approval	<u>-0-</u>
EMT-Advanced training program approval	<u>-0-</u>
Paramedic training program approval	<u>-0-</u>
MICN/ARN training program approval	<u>-0-</u>
Base physician certification/recertification	<u>\$36</u>
Base hospital designation	<u>-0-</u>
Trauma center application	<u>-0-</u>
Trauma center designation	<u>-0-</u>
Pediatric facility approval	<u>-0-</u>
Pediatric facility designation	<u>-0-</u>
Other critical care center application	<u>-0-</u>
Type: <u>n/a</u>	
Other critical care center designation	<u>-0-</u>
Type: <u>n/a</u>	

	<u>Fresno</u>	<u>Kings</u>	<u>Madera</u>	<u>Tulare</u>
Ambulance service license	<u>\$221</u>	<u>\$0</u>	<u>\$0</u>	<u>\$100</u>
Ambulance vehicle permits	<u>\$30</u>	<u>\$0</u>	<u>\$0</u>	<u>\$25</u>
Other: Paramedic Training Tuition	<u>\$8,820</u>			
Other: MICN Training Tuition	<u>\$261</u>			

Table 2 - System Organization & Management (cont.)

EMS System: Central California EMS Agency

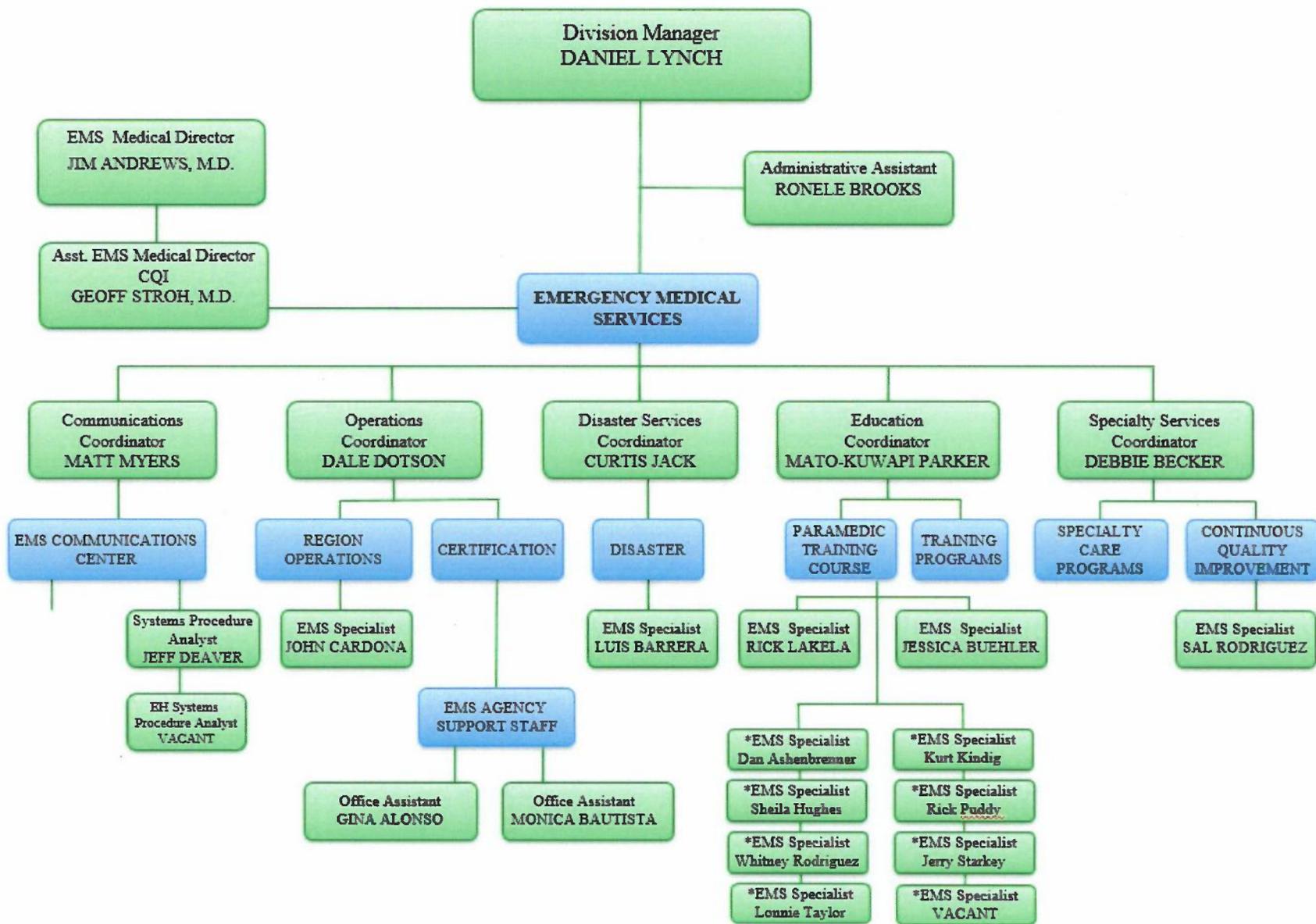
Reporting Year: 2019

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY <u>HOURLY</u> EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Director	1	\$54.14hr	87.3%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	N/A				
ALS Coord./ Field Coord./ Trng Coord.	Senior EMS Specialist	4	\$36.76/hr	87.3%	
Program Coord./ Field Liaison (Non-clinical)	EMS Specialist	3	\$33.45/hr	87.3%	
Trauma Coord.	Included in other job				
Med. Director	EMS Medical Director	1	Contract	Contract	
Other MD/ Med. Consult./ Trng. Med. Dir.	Assistant EMS Medical Director	1	Contract	Contract	

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	EMS Specialist	1	\$32.13/hr	87.3%	Position Eliminated-2019
Data Evaluator/ Analyst	Staff Analyst	1	\$20.46/hr	82.1%	Position Eliminated-2019
QA/QI Coordinator	Senior EMS Specialist	1	\$36.76/hr	87.3%	
IT/GIS Support	Systems Procedures Analyst (IT)	1	\$38.74/hr	83.3%	
Public Info. & Ed. Coord.	N/A				
Ex. Secretary	Secretary IV	1	\$24.86/hr	86.9%	
Other Clerical	Office Assistant III	2	\$17.62/hr	86.9%	

CENTRAL CALIFORNIA EMERGENCY SERVICES AGENCY



*Extra-help / Part-time instructors

TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training

EMS System: Central California EMS Agency

Reporting Year: 2018

NOTE: Table 3 is to be reported by agency.

	EMT	Paramedic	MICN	EMS Dispatchers	Base Physician
Total certified	1290		142	56	99
Number newly certified this year	362		37	23	51
Number recertified this year	928		105	33	48
Total number of accredited personnel on July 1 of the reporting year		564			
a) formal investigations	0	0	0	0	0
b) probation	0	0	0	0	0
c) suspensions	0	0	0	0	0
d) revocations	0	0	0	0	0
e) denials	0	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken	0	0	0	0	0

1. Early defibrillation:
 - a) Number of EMT authorized to use AEDs 2,616
 - b) Number of public safety (defib) certified (non-EMT) 160

3. Do you have an EMR training program? No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Central California EMS Agency
 County: Fresno County
 Reporting Year: 2019

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | 13 |
| 2. Number of secondary PSAPs | 2 |
| 3. Number of dispatch centers directly dispatching ambulances | 1 |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | 1 |
| 5. Number of designated dispatch centers for EMS Aircraft | 1 |
| 6. Who is your primary dispatch agency for day-to-day EMS emergencies?
<u>The Fresno County EMS Communications Center</u> | |
| 7. Who is your primary dispatch agency for an EMS disaster?
<u>The Fresno County EMS Communications Center</u> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency | |
| 1. <u>EMS Command - Med 10 TX: 467.975 (114.8) RX: 462.975 (114.8)</u> | |
| 2. <u>County Command – Linknet TX: 465.025 (136.5) RX: 460.025 (136.5)</u> | |
| b. Other methods | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Local and state interoperability channels</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | |
| 2) Between operation area and the region and/or state? | |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Central California EMS Agency
 County: Kings County
 Reporting Year: 2019

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>4</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>0</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day EMS emergencies?
<u>The Fresno County EMS Communications Center</u> | |
| 7. Who is your primary dispatch agency for a EMS disaster?
<u>The Fresno County EMS Communications Center</u> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency | |
| 1. <u>EMS Command - Med 10 TX: 467.975 (114.8) RX: 462.975 (114.8)</u> | |
| 2. <u>County Command – XKI-INTEROP TX: 465.075 (146.2) RX: 460.075 (136.5)</u> | |
| b. Other methods <u>Local and state interoperability channels</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Central California EMS Agency
 County: Madera County
 Reporting Year: 2019

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>3</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>0</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day EMS emergencies?
<u>The Fresno County EMS Communications Center</u> | |
| 7. Who is your primary dispatch agency for a EMS disaster?
<u>The Fresno County EMS Communications Center</u> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency | |
| 1. <u>EMS Command - Med 10 TX: 467.975 (114.8) RX: 462.975 (114.8)</u> | |
| 2. <u>County Command – Madera SO 3 TX: 159.165 (156.7) RX: 151.070 (156.7)</u> | |
| b. Other methods <u>Local and state interoperability channels</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Central California EMS Agency
 County: Tulare County
 Reporting Year: 2019

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>8</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day EMS emergencies?
<u>The Tulare County Consolidated Ambulance Dispatch Center</u> | |
| 7. Who is your primary dispatch agency for a EMS disaster?
<u>The Tulare County Consolidated Ambulance Dispatch Center</u> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency | |
| 1. <u>EMS Command - Med 10 TX: 467.975 (146.2) RX: 462.975 (114.8)</u> | |
| 2. <u>County Command – XTU-Command TX:458.975 (131.8) RX:453.975 (114.8)</u> | |
| b. Other methods <u>Local and state interoperability channels</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation**

EMS System: Central California EMS Agency

Reporting Year: 2019

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 32

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5 min	15 min	Best effort	Measured by area
Early defibrillation responder	5 min	15 min	Best Effort	Measured by area
Advanced life support responder	5 min	15 min	Best Effort	Measured by area
Transport Ambulance				
Fresno (90% Performance)	9 min	12 min	45 min	Measured by area
Kings (90% Performance)	8 min	15 min	60 min	Measured by area
Madera (95% Performance)	10 min	20 min	60 min	Measured by area
Tulare (95% Performance)	10 min	20 min	60 min	Measured by area

TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities/Critical Care

EMS System: Central California EMS Agency

Reporting Year: 2018

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- | | |
|--|----------------|
| a) Number of patients meeting trauma registry criteria | <u>5200</u> |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | <u>1,529</u> |
| c) Number of major trauma patients transferred to a trauma center | <u>182</u> |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center | <u>Unknown</u> |

Emergency Departments

Total number of emergency departments:

- | | |
|---|----------|
| a) Number of referral emergency services | <u>2</u> |
| b) Number of standby emergency services | <u>4</u> |
| c) Number of basic emergency services | <u>6</u> |
| d) Number of comprehensive emergency services | <u>4</u> |

Receiving Hospitals

- | | |
|--|----------|
| 1. Number of receiving hospitals with written agreements | <u>3</u> |
| 2. Number of base hospitals with written agreements | <u>3</u> |

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (Cont)

Fresno County Casualty Collection Points (CCP)

Clovis	Clark Intermediate School 902 Fifth Street (@ Clovis Avenue)
Coalinga	West Hills College 300 W Cherry Lane (@ Elm Street)
Firebaugh	Los Deltas High School Morris Kyle Drive (@ Hwy 33)
Fowler	Fowler High School 701 E Main Street (@ Adams)
Fresno	Fresno District Fairgrounds East Kings Canyon Road (@ Maple) Chandler Air Field Kearney Blvd and Thorne Avenue Fresno Air Terminal 5175 East Clinton (@ Chestnut Ave)
Kerman	Kerman Union High School 205 S First Street (@ Stanislaus Street)
Kingsburg	Kingsburg High School 1900 18th Avenue (@ Sierra) Kingsburg City Yard Kern Street and Freeway 99
Mendota	McCabe Elementary School Derrick and Quince
Orange Cove	Citrus Junior High School 222 Fourth Street (@ Adams)
Parlier	Parlier Community Center 1100 Parlier Avenue (@ Mendocino)
Reedley	Reedley College 995 N Reed Avenue (@ Manning)
Sanger	Sanger Fire Department Jensen Avenue and West
Selma	Selma High School 3125 Wright Street (@ Floral) Jackson Elementary School 2220 Huntsman (@ Wright)

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Central California EMS Agency

County: Kings County

Reporting Year: 2019

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Refer to Kings County CCP List - attached
 - b. How are they staffed? Multi-agency staffing - as necessary
 - c. Do you have a supply system for supporting them for 72 hours? yes X no

- 2. CISD
 - Do you have a CISD provider with 24 hour capability? yes no X

- 3. Medical Response Team
 - a. Do you have any team medical response capability? yes no X
 - b. For each team, are they incorporated into your local response plan? yes no X
 - c. Are they available for statewide response? yes no X
 - d. Are they part of a formal out-of-state response system? yes no X

- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes no X
 - b. At what HazMat level are they trained? n/a
 - c. Do you have the ability to do decontamination in an emergency room? yes X no
 - d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 4

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (Cont)

Kings County Casualty Collection Points (CCP)

Avenal	Avenal High School 601 E Mariposa
Corcoran	Corcoran Unified High School Whittler and Sixth Street
Hanford	Kings County Fairgrounds Tenth Avenue (@ Hanford-Armona Road)
Lemoore	Lemoore Unified High School Bush Street and Lemoore Street

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Central California EMS Agency

County: Madera County

Reporting Year: 2019

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Refer to Madera County CCP List - attached
 - b. How are they staffed? Multi-agency staffing - as necessary
 - c. Do you have a supply system for supporting them for 72 hours? yes X no

- 2. CISD
 - Do you have a CISD provider with 24 hour capability? yes no X

- 3. Medical Response Team
 - a. Do you have any team medical response capability? yes no X
 - b. For each team, are they incorporated into your local response plan? yes no X
 - c. Are they available for statewide response? yes no X
 - d. Are they part of a formal out-of-state response system? yes no X

- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes no X
 - b. At what HazMat level are they trained? n/a
 - c. Do you have the ability to do decontamination in an emergency room? yes X no
 - d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 3

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (Cont)

Madera County Casualty Collection Points (CCP)

Cities

Bass Lake	Bass Lake Elementary School Road 222 and North Shore Road
Chowchilla	Gudgels Aero-Ag Service Chowchilla Airport 800 S Third Street (@ Avenue 25)
	Dairyland School 12861 Avenue 18 □ (@ Road 19)
Madera	Madera County Health Department 14215 Road 28 (@ Avenue 14)
	Madera Community Hospital 27600 Avenue 13 □ (@ Hwy 99)
	National Guard Armory 701 E Yosemite Avenue (@ Flume)
	Madera High School 200 S L Street (@ Sixth Street)
	Jefferson Junior high School 1407 Sunset (@ Foster)
	Madera Airport 4020 Aviation Drive (@ Avenue 17)
Oakhurst	Oakhurst Elementary School Road 427 and Road 426

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2019

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Throughout Tulare County
 - b. How are they staffed? Multi-agency staffing - as necessary
 - c. Do you have a supply system for supporting them for 72 hours? yes X no

- 2. CISD
 - Do you have a CISD provider with 24 hour capability? yes no X
- 3. Medical Response Team
 - a. Do you have any team medical response capability? yes no X
 - b. For each team, are they incorporated into your local response plan? yes no X
 - c. Are they available for statewide response? yes no X
 - d. Are they part of a formal out-of-state response system? yes no X

- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes no X
 - b. At what HazMat level are they trained? n/a
 - c. Do you have the ability to do decontamination in an emergency room? yes X no
 - d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 9

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Auberry Volunteer Fire Department **Response Zone:** Auberry District

Address: PO Box 191 **Number of Ambulance Vehicles in Fleet:** 0
Auberry, CA 93602

Phone Number: 559-855-4084 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

121 Total number of responses
121 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

County: Fresno Provider: Bald Mountain Vol. Fire Department Response Zone: Bald Mtn. Fire Dist.

Address: 41967 Auberry Road Number of Ambulance Vehicles in Fleet: 0
Auberry, CA 93602

Phone Number: 559-855-8443 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

56 Total number of responses
56 Number of emergency responses
0 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

County: Fresno Provider: California Highway Patrol Response Zone: Central Valley

Address: 3770 N. Pierce Number of Ambulance Vehicles in Fleet: 1
Fresno, CA 93727

Phone Number: 559-448-4121 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Level of Service:	
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS
			<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

91 Total number of responses
91 Number of emergency responses
 _____ Number of non-emergency responses

28 Total number of transports
28 Number of emergency transports
0 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Clovis City Fire Department **Response Zone:** City of Clovis

Address: 1233 5th Street **Number of Ambulance Vehicles in Fleet:** 0
Clovis, CA 9312

Phone Number: 559-324-2200 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>		
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT
					<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

6,421 Total number of responses
6,421 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Coalinga City Fire Department **Response Zone:** Zone C

Address: 300 Elm Street **Number of Ambulance Vehicles in Fleet:** 3
Coalinga, CA 93210

Phone Number: 559-935-1652 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service:			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	X 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					X IFT	

Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2200 Total number of responses
1,212 Number of emergency responses
988 Number of non-emergency responses

1172 Total number of transports
68 Number of emergency transports
1104 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Firebaugh City Fire Department **Response Zone:** City of Firebaugh

Address: 1575 11th Street **Number of Ambulance Vehicles in Fleet:** 0
Firebaugh, CA 93622

Phone Number: 559-659-2061 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>		
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT
					<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

346 Total number of responses
346 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Fowler City Fire Department **Response Zone:** City of Fowler

Address: 128 S. 5th Street **Number of Ambulance Vehicles in Fleet:** 0
Fowler, CA 93625

Phone Number: 559-659-2061 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>		
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT
					<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

321 Total number of responses
321 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Fresno City Fire Department **Response Zone:** City of Fresno

Address: 911 H Street **Number of Ambulance Vehicles in Fleet:** 0
Fresno, CA 93721

Phone Number: 559-621-4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:		
			<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
				<input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>31,221</u> Total number of responses	<u> </u> Total number of transports
<u>31,221</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2017

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Fresno County Fire Prot. Dist. **Response Zone:** County FPD

Address: 210 S Academy Avenue **Number of Ambulance Vehicles in Fleet:** 0
Sanger, CA 93657

Phone Number: 559-493-4300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

7,156 Total number of responses
7,156 Number of emergency responses
0 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

County: Fresno **Provider:** Hume Lake Vol. Fire Department **Response Zone:** Hume Lake Christian Camp

Address: 64144 Hume Lake Road **Number of Ambulance Vehicles in Fleet:** 0
Hume, CA 93628

Phone Number: 559-305-7576 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

36 Total number of responses
36 Number of emergency responses
0 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Huntington Lake VFD **Response Zone:** Huntington FPD

Address: 334 Shaw Avenue, Suite 135 **Number of Ambulance Vehicles in Fleet:** 0
Clovis, CA 93612

Phone Number: 559-893-2347 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

52 Total number of responses
52 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Kingsburg City Fire Department **Response Zone:** Zone K

Address: 1460 Marion Street **Number of Ambulance Vehicles in Fleet:** 3
Kingsburg, CA 93631

Phone Number: 559-935-1652 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2064 Total number of responses
1000 Number of emergency responses
1064 Number of non-emergency responses

1532 Total number of transports
64 Number of emergency transports
1468 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno Provider: Laton Volunteer Fire Department Response Zone: Laton FPD

Address: 20799 S Fowler Avenue Number of Ambulance Vehicles in Fleet: 0
Laton, CA 93242

Phone Number: 559-381-1063 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

41 Total number of responses
41 Number of emergency responses
0 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno Provider: Mountain Valley Vol. Fire Depart. Response Zone: Mtn Valley FPD

Address: 46694 Chuckwagon Road Number of Ambulance Vehicles in Fleet: 0
Dunlap, CA 93621

Phone Number: 559-332-2477 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:		
			<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
				<input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Public: <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

21 Total number of responses
21 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Orange Cove City Fire Department **Response Zone:** Orange Cove FPD

Address: 550 Center Street **Number of Ambulance Vehicles in Fleet:** 0
Orange Cove, CA 93646

Phone Number: 559-626-7758 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>		
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT
					<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

256 Total number of responses
256 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Reedley City Fire Department **Response Zone:** City of Reedley

Address: 1060 D Street **Number of Ambulance Vehicles in Fleet:** 0
Reedley, CA 93656

Phone Number: 559-637-4230 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>	
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> IFT
			<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

802 Total number of responses
802 Number of emergency responses
0 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Sanger City Fire Department **Response Zone:** Zone I

Address: 601 West Avenue **Number of Ambulance Vehicles in Fleet:** 3
Sanger, CA 93657

Phone Number: 559-637-4230 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service:	
			X Transport X Non-Transport	X ALS X BLS <input type="checkbox"/> LALS
				X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT
				X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

4028 Total number of responses
1836 Number of emergency responses
2192 Number of non-emergency responses

2,991 Total number of transports
126 Number of emergency transports
2,865 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno Provider: Selma Fire Department Response Zone: Zone G

Address: 2857 A Street Number of Ambulance Vehicles in Fleet: 3
Selma, CA 93662

Phone Number: 559-891-2211 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>		
			X Transport	X ALS	X 9-1-1
			X Non-Transport	X BLS	X Ground
				<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit
					<input type="checkbox"/> Air
					<input type="checkbox"/> CCT
					<input type="checkbox"/> Water
					X IFT

<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

5,860 Total number of responses
1787 Number of emergency responses
2974 Number of non-emergency responses

3385 Total number of transports
153 Number of emergency transports
3232 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Sequoia Safety Council **Response Zone:** Zone J

Address: 500 E 11th Street **Number of Ambulance Vehicles in Fleet:** 6
Reedley, CA 93662

Phone Number: 559-891-2211 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport <input type="checkbox"/> Non-Transport	X ALS X BLS <input type="checkbox"/> LALS	X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT X IFT	X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law X Other Explain: Not for Profit	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

5733 Total number of responses
2500 Number of emergency responses
3233 Number of non-emergency responses

4605 Total number of transports
117 Number of emergency transports
4488 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Shaver Lake Vol. Fire Department **Response Zone:** Shaver Lake FPD

Address: 41344 Tollhouse Road **Number of Ambulance Vehicles in Fleet:** 0
Shaver Lake, CA 93664

Phone Number: 559-841-3211 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>		
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT
					<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

38 Total number of responses
38 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** AirMethods dba: Skylife **Response Zone:** Central Valley

Address: 5526 E Air Corp Way **Number of Ambulance Vehicles in Fleet:** 3
Fresno, CA 93727

Phone Number: 559-284-2713 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service:			
			X Transport <input type="checkbox"/> Non-Transport	X ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	X 9-1-1 X 7-Digit X CCT X IFT	<input type="checkbox"/> Ground X Air <input type="checkbox"/> Water

Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: X Rotary X Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue X Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

3091 Total number of responses
3091 Number of emergency responses
0 Number of non-emergency responses

1229 Total number of transports
1229 Number of emergency transports
0 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Kings **Provider:** American Ambulance **Response Zone:** Kings County EOA

Address: 910 Garner Avenue **Number of Ambulance Vehicles in Fleet:** 16
Hanford, CA 93230

Phone Number: 559-585-6802 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport <input type="checkbox"/> Non-Transport	X ALS X BLS <input type="checkbox"/> LALS	X 9-1-1 <input type="checkbox"/> 7-Digit X CCT X IFT	X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input type="checkbox"/> Public X Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

19594 Total number of responses
9041 Number of emergency responses
10553 Number of non-emergency responses

15432 Total number of transports
391 Number of emergency transports
15041 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Kings Provider: Hanford City Fire Department Response Zone: City of Hanford

Address: 350 W Grangeville Boulevard Number of Ambulance Vehicles in Fleet: 0
Hanford, CA 93230

Phone Number: 559-585-2545 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

3,326 Total number of responses
3,326 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Kings **Provider:** Kings County Fire Department **Response Zone:** Kings County

Address: 280 N Campus Drive **Number of Ambulance Vehicles in Fleet:** 0
Hanford, CA 93230

Phone Number: 559-582-8261 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:		
			<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
					<input checked="" type="checkbox"/> Ground
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water
					<input type="checkbox"/> IFT

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2,561 Total number of responses
2,561 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Kings **Provider:** Lemoore City Fire Department **Response Zone:** City of Lemoore

Address: 210 Fox Street **Number of Ambulance Vehicles in Fleet:** 0
Lemoore, CA 93245

Phone Number: 559-924-6797 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>506</u> Total number of responses	<u> </u> Total number of transports
<u>506</u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

County: Kings **Provider:** Lemoore Naval Air Station **Response Zone:** Naval Air Station

Address: PO Box 1023
Lemoore, CA 93245

Number of Ambulance Vehicles in Fleet: 3

WE NO LONGER MONITOR THIS AGENCY
This is on Naval Air Station Lemoore

Phone Number: 559-681-6101

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:	
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS
				<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT
				<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

County: Madera **Provider:** Chowchilla City Police Department **Response Zone:** City of Chowchilla

Address: 122 Trinity Avenue **Number of Ambulance Vehicles in Fleet:** 0
Chowchilla, CA 93610

Phone Number: 559-665-8624 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:	
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
			<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

321 Total number of responses
321 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Madera Provider: Madera Co FD/CAL FIRE Response Zone: County of Madera

Address: 14225 Road 28 Number of Ambulance Vehicles in Fleet: 0
Madera, CA 93638

Phone Number: 559-665-8624 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:	
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> IFT
			<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
	<input checked="" type="checkbox"/> County <input type="checkbox"/> Fire District			

Transporting Agencies

1926 Total number of responses
1926 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Madera **Provider:** Pistoresi Ambulance Service, Inc. **Response Zone:** Chowchilla

Address: 113 North R Street **Number of Ambulance Vehicles in Fleet:** 1
Madera, CA 93637

Phone Number: 559-673-8004 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport <input type="checkbox"/> Non-Transport	X ALS X BLS <input type="checkbox"/> LALS	X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT X IFT	X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input type="checkbox"/> Public X Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2597 Total number of responses
979 Number of emergency responses
1618 Number of non-emergency responses

1566 Total number of transports
66 Number of emergency transports
1500 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

County: Madera

Provider: Pistoresi Ambulance Service of Madera, Inc. **Response Zone:** Madera Valley

Address: 113 North R Street
Madera, CA 93637

Number of Ambulance Vehicles in Fleet: 8

Phone Number: 559-673-8004

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service:	
			X Transport X Non-Transport	X ALS X BLS <input type="checkbox"/> LALS X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT X IFT
				X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

10493 Total number of responses
4248 Number of emergency responses
6244 Number of non-emergency responses

7792 Total number of transports
328 Number of emergency transports
7464 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Madera **Provider:** Sierra Ambulance Service **Response Zone:** Mountain EOA

Address: 40755 Winding Way **Number of Ambulance Vehicles in Fleet:** 6
Oakhurst, CA 93644

Phone Number: 559-6423-650 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law X Other Explain: Not for Profit	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

4177 Total number of responses
2177 Number of emergency responses
2000 Number of non-emergency responses

2770 Total number of transports
116 Number of emergency transports
2654 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** American Ambulance of Visalia **Response Zone:** Zones 2, 3 and 13

Address: E Noble Avenue **Number of Ambulance Vehicles in Fleet:** 8
Visalia, CA 93292

Phone Number: 559-730-3015 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

18806 Total number of responses
8613 Number of emergency responses
10193 Number of non-emergency responses

14756 Total number of transports
668 Number of emergency transports
14088 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** California Hot Springs Ambulance **Response Zone:** Zone 16

Address: 45122 Mahter Meadow Drive **Number of Ambulance Vehicles in Fleet:** 1
California Hot Springs, CA 93207

Phone Number: 559-733-6544 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>	
			X Transport <input type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS X BLS <input type="checkbox"/> LALS
			X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input type="checkbox"/> Public X Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

Not available	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare Provider: Camp Nelson Volunteer Ambulance Response Zone: Zone 14

Address: 1500 A Nelson Drive Number of Ambulance Vehicles in Fleet: 1
Camp Nelson, CA 93208

Phone Number: 559-747-8233 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport <input type="checkbox"/> Non-Transport	X ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law X Other Explain: Not for Profit	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

34 Total number of responses
30 Number of emergency responses
4 Number of non-emergency responses

26 Total number of transports
5 Number of emergency transports
29 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** Dinuba City Fire Department **Response Zone:** Zone 1

Address: 496 E Tulare **Number of Ambulance Vehicles in Fleet:** 4
Dinuba, CA 93618

Phone Number: 559-591-5931 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service:			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

5131 Total number of responses
2078 Number of emergency responses
3053 Number of non-emergency responses

3873 Total number of transports
161 Number of emergency transports
3712 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** Exeter District Ambulance **Response Zone:** Zones 3, 5, 8, 13

Address: 302 E Palm Street **Number of Ambulance Vehicles in Fleet:** 4
Exeter, CA 93221

Phone Number: 559-594-5250 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport	X ALS	X 9-1-1	X Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law X Other Explain: Health District	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>4751</u> Total number of responses	<u>3521</u> Total number of transports
<u>1923</u> Number of emergency responses	<u>147</u> Number of emergency transports
<u>2827</u> Number of non-emergency responses	<u>3374</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** Farmersville City Fire Department **Response Zone:** City of Farmersville

Address: 909 W Visalia Road **Number of Ambulance Vehicles in Fleet:** 0
Farmersville, CA 93223

Phone Number: 559-747-0791 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:	
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
			<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

491 Total number of responses
491 Number of emergency responses
0 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare Provider: Imperial Ambulance Response Zone: Zones 8, 9

Address: 22 N Cottage Number of Ambulance Vehicles in Fleet: 6
Porterville, CA 93257

Phone Number: 559-784-8500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service:			
			X Transport <input type="checkbox"/> Non-Transport	X ALS X BLS <input type="checkbox"/> LALS	X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT X IFT	X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

12936 Total number of responses
5238 Number of emergency responses
7699 Number of non-emergency responses

10394 Total number of transports
434 Number of emergency transports
9960 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** Sierra LifeStar Ambulance **Response Zone:** Zones 8, 9

Address: 234 N M Street **Number of Ambulance Vehicles in Fleet:** 6
Tulare, CA 93274

Phone Number: 559-688-2550 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					X IFT	

<u>Ownership:</u> <input type="checkbox"/> Public X Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

10260 Total number of responses
4154 Number of emergency responses
6106 Number of non-emergency responses

7846 Total number of transports
328 Number of emergency transports
7518 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** Lindsay Department **Response Zone:** City of Lindsay

Address: 185 N Gale Hill **Number of Ambulance Vehicles in Fleet:** 0
Lindsay, CA 93247

Phone Number: 559-562-2511 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:	
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> IFT
			<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>Not Avail</u> Total number of responses	_____ Total number of transports
<u>Not Avail</u> Number of emergency responses	_____ Number of emergency transports
<u>Not Avail</u> Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** Tulare City Fire Department **Response Zone:** City of Tulare

Address: 800 S Blackstone
Tulare, CA 93257 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 559-684-4290 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>		
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
				<input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2012 Total number of responses
2012 Number of emergency responses
0 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** Tulare County Fire Department **Response Zone:** County of Tulare

Address: 907 W Visalia Road **Number of Ambulance Vehicles in Fleet:** 0
Farmersville, CA 93223

Phone Number: 559-747-8233 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service:	
			<input type="checkbox"/> Transport X Non-Transport	<input type="checkbox"/> ALS X BLS <input type="checkbox"/> LALS
			X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
	X County <input type="checkbox"/> Fire District			

Transporting Agencies

2826 Total number of responses
2826 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** Tule River Fire Department **Response Zone:** Tule River Indian Res.

Address: 340 N Reservation Road **Number of Ambulance Vehicles in Fleet:** 2
Portersville, CA 93257

Phone Number: 559-747-8233 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>	
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> IFT
			<input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>Not Avail</u> Total number of responses	<u> </u> Total number of transports
<u>Not Avail</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>Not Avail</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** Visalia City Fire Department **Response Zone:** City of Visalia

Address: 309 S Johnson **Number of Ambulance Vehicles in Fleet:** 0
Visalia, CA 93291

Phone Number: 559-734-8116 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service:		
			<input type="checkbox"/> Transport	X ALS	X 9-1-1
			X Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
					X Ground
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water
					<input type="checkbox"/> IFT

Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

8114 Total number of responses
8114 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: The Fresno County Exclusive Operating Area
Name of Current Provider(s): American Ambulance
<p>Area or subarea (Zone) Geographic Description: The Fresno County Exclusive Operating Area includes the northern portion of the County. It currently includes all or portions of the cities of Fresno, Clovis, Firebaugh, Mendota, and San Joaquin. The only areas of Fresno County not currently included as part of the exclusive operating area are Coalinga/Huron Service Area (Zone C), Selma/Fowler Service Area (Zone G), Sanger/Pine Flat Reservoir Service Area (Zone I), Reedley/Orange Cove/Parlier Service Area (Zone J), and Kingsburg Service Area (Zone K).</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) – <u>Exclusive</u> Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The procurement restricts operations within the Fresno County exclusive operating area to a single emergency ground ambulance service and advanced life support (paramedic) ground ambulance service.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity</p> <p><u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, ALS Ambulance, Critical Care Transport, ALS Interfacility Transports, and Stand-by services with transport authorization</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Since 1984, the Fresno County Exclusive Operating Area has been awarded through multiple consecutive competitive procurement processes. The original procurement process included a competitive bid process in 1984 which awarded a three year contract. A second competitive procurement process was initiated in 1986 which awarded a five year contract with an additional 4 year extension to the provider. A third competitive bid process in 1997 was also implemented and ended on December 2007. After a competitive bid process in 2007, a five-year contract was awarded and implemented on January 1, 2008 that included one optional five-year extension. In 2017 a competitive bid process was completed and an new exclusive ambulance agreement was implemented on January 1, 2018. Prior to each procurement process, all request for proposals were submitted and approved by the State EMS Authority.</p>

EMS PLAN

AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County – Ambulance Zone C (Non-Exclusive Operating Area)
Name of Current Provider(s): Coalinga City Fire Department
Area or subarea (Zone) Geographic Description: Fresno County Ambulance Zone C is located in southwestern Fresno County and includes the Cities of Coalinga and Huron, and the unincorporated areas surrounding these cities. It borders the County of Kings on the south and east, the Counties of San Luis Obispo and Monterey on the west, and the Fresno County Exclusive Operating area on the north.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone C is a <u>non-exclusive</u> operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Fresno County Ambulance Zone C is a non-exclusive operating area.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Fresno County Ambulance Zone C is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County – Ambulance Zone G (Non-Exclusive Operating Area)
Name of Current Provider(s): Selma City Fire Department
<p>Area or subarea (Zone) Geographic Description: Fresno County Ambulance Zone G is located in central Fresno County and includes the Cities of Selma and Fowler and the western portion of the City of Parlier. It also includes the unincorporated areas surrounding these cities. It borders Ambulance Zone K on the south, the Reedley Exclusive Operating Area on the east, and the Fresno County Exclusive Operating area on the north.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>Fresno County Ambulance Zone G is a <u>non-exclusive</u> operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Fresno County Ambulance Zone G is a non-exclusive operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Fresno County Ambulance Zone G is a non-exclusive operating area.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County – Ambulance Zone I (Non-Exclusive Operating Area)
Name of Current Provider(s): Sanger City Fire Department
Area or subarea (Zone) Geographic Description: Fresno County Ambulance Zone I is located in central Fresno County and includes the Cities of Sanger, the communities of Del Rey, Centerville and Minkler, and includes the unincorporated areas surrounding these areas. It borders Ambulance Zone G and the Reedley Exclusive Operating Area on the South, and the Fresno County Exclusive Operating area on the north, west and east.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone I is a <u>non-exclusive</u> operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Fresno County Ambulance Zone I is a non-exclusive operating area.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Fresno County Ambulance Zone I is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County – Ambulance Zone K (Non-Exclusive Operating Area)
Name of Current Provider(s): Kingsburg City Fire Department
Area or subarea (Zone) Geographic Description: Fresno County Ambulance Zone K is located in south Fresno County and includes the Cities of Kingsburg and the unincorporated areas surrounding this area. It borders Ambulance Zone G on the north, the County of Tulare on the South, and the Fresno County Exclusive Operating area on the north and west.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone K is a <u>non-exclusive</u> operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Fresno County Ambulance Zone K is a non-exclusive operating area.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Fresno County Ambulance Zone K is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Fresno County – Ambulance Zone N (Non-Exclusive Operating Area) - ELIMINATED
Name of Current Provider(s):	<u>This Ambulance Zone was eliminated on January 1, 2018 and was included the Fresno EOA and the competitive bid process</u>
Area or subarea (Zone) Geographic Description:	Fresno County Ambulance Zone N is located in north-central Fresno County and includes the Cities of Kerman, the communities of Biola and Rolinda. This area includes the unincorporated areas surrounding this area, which includes the county islands in the north west area of the City of Fresno. It is bordered by the County of Madera on the north and the Fresno County Exclusive Operating area on the south, east, and west. The border is the boundary of the North Central Fire Protection District. The eastern border of this ambulance zone changes as the City of Fresno annexes areas of Ambulance Zone N. When that occurs, the annexed portion is automatically included in the Fresno County Exclusive Operating Area.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.	Fresno County Ambulance Zone N is a <u>non-exclusive</u> operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	Fresno County Ambulance Zone N is a non-exclusive operating area.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	Fresno County Ambulance Zone N is a non-exclusive operating area. Fresno County Ambulance Zone N was included in the competitive bid process for the Fresno County Exclusive Operating Area and will be added to the Area effective January 1, 2018.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: The Kings County Exclusive Operating Area
Name of Current Provider(s): American Ambulance
Area or subarea (Zone) Geographic Description: The Kings County Exclusive Operating Area includes the entire County of Kings excluding the Riverdale Service Area (Zone 01), Kingsburg Service Area (Zone 03), and the Lemoore Naval Air Station Service Area (Zone 04).
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u> <small>Include intent of local EMS agency and Board of Supervisors action.</small></p> <p>Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The procurement restricts operations within the exclusive operating area to a single ground emergency ambulance service and ground advanced life support service.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p>Type: Emergency Ambulance Level: 9-1-1 and 7-digit response, ALS Ambulance, ALS IFT</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p>Since 1995, the Kings County Exclusive Operating Area has been awarded through multiple consecutive competitive procurement processes. The original procurement process included a competitive bid process in 1995 which awarded a five year contract. A new competitive process was implemented in 2000, with the selection of American Ambulance for a 5 year initial agreement and a potential extension of one additional 5-year period. The contract was effective November 1, 2000 through October 31, 2010. A new competitive bid process was conducted in 2010 and the RFP was submitted and approved by the State EMS Authority as an amendment to the EMS plan. American Ambulance was chosen to continue as the exclusive provider under a new 5 year agreement beginning November 1, 2010 through October 31, 2015. The exclusive agreement also contains an option for one 5-year extension upon approval by the EMS Agency and County.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Kings County Ambulance Zone 01
Name of Current Provider(s): American Ambulance
Area or subarea (Zone) Geographic Description: The Kings County Ambulance Zone 01 is located on the northern border of Kings County, immediately adjacent to the Fresno County community of Riverdale. This area is Bordered on the south by the Kings River, which allows quicker response times from Fresno County. It contains only a rural area of Kings County and does not include any incorporated areas.
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>Kings County Ambulance Zone 1 is a <u>non-exclusive</u> area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Kings County Ambulance Zone 1 is a non-exclusive area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Kings County Ambulance Zone 1 is a non-exclusive area.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Kings County Ambulance Zone 03
Name of Current Provider(s): Kingsburg City Fire Department
Area or subarea (Zone) Geographic Description: The Kings County Ambulance Zone 03 is located on the north-eastern border of Kings County and Fresno County, which is immediately adjacent to the Fresno County City of Kingsburg. This area is Bordered on the south by the Kings County EOA Zone 09 and 02, Tulare County on the East, and Fresno County on the west and north. The area contains a rural/unincorporated area of Kings County.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Kings County Ambulance Zone 3 is a <u>non-exclusive</u> area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Kings County Ambulance Zone 3 is a non-exclusive area.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Kings County Ambulance Zone 3 is a non-exclusive area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Kings County Ambulance Zone 04
Name of Current Provider(s): United States - Naval Air Station-Lemoore
Area or subarea (Zone) Geographic Description: The Kings County Ambulance Zone 04 is the geographical area and jurisdiction of the federal government installation – Naval Air Station –Lemoore. It is border by the Kings County EOA on the north, east and South, and is bordered by Fresno County on the west.
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station – Lemoore</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station - Lemoore</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station - Lemoore</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Madera County – Chowchilla Area Ambulance Zone
Name of Current Provider(s): Pistoresi Ambulance Service, Inc.
<p>Area or subarea (Zone) Geographic Description: The Madera County – Chowchilla Area Ambulance Zone is located in the northwestern Madera County and includes the City of Chowchilla, the communities of Fairmead, Dairyland, and the unincorporated areas surrounding these communities. It borders the Madera Area Zone on the south, the County of Merced on the west, and the Madera County Mountain Exclusive Operating area on the north.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>The Madera County – Chowchilla Area Ambulance Zone is <u>non-exclusive</u> operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>The Madera County – Chowchilla Area Ambulance Zone is <u>non-exclusive</u> operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Madera County – Chowchilla Area Ambulance Zone is non-exclusive operating area.</p>

NOTE: This document was corrected in 2009. The previously submitted documents incorrectly and inaccurately included the Chowchilla Area Ambulance Zone and the Madera Area Ambulance Zone into one response area serviced by Pistoresi Ambulance. In fact, there are two separate and distinct ambulance zones which are each served by separate entities. The Chowchilla Area is served by Pistoresi Ambulance Service Inc. and the Madera Area is served by Pistoresi Ambulance Service of Madera, Inc.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Madera County – Madera Area Ambulance Zone
Name of Current Provider(s): Pistoresi Ambulance Service of Madera, Inc.
<p>Area or subarea (Zone) Geographic Description: Madera County – Madera Area is located in the southwestern Madera County and includes the City of Madera and the communities of Madera/Bonadelle Ranchos, Rolling Hills, Eastside Acres, Raymond, and the unincorporated areas surrounding these communities. It borders the County of Fresno on the south and east, the Madera County – Chowchilla Area on the North, and the Madera County Mountain Exclusive Operating area on the northeast.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>Madera County – Madera Area Ambulance Zone is a <u>non-exclusive</u> operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Madera County – Madera Area Ambulance Zone is a <u>non-exclusive</u> operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Madera County – Madera Area Ambulance Zone is a non-exclusive operating area.</p>

NOTE: This document was corrected in 2009. The previously submitted documents incorrectly and inaccurately included the Chowchilla Area Ambulance Zone and the Madera Area Ambulance Zone into one response area serviced by Pistoresi Ambulance. In fact, there are two separate and distinct ambulance zones or areas which are each served by separate entities. The Chowchilla Area is served by Pistoresi Ambulance Service Inc. and the Madera Area is served by Pistoresi Ambulance Service of Madera, Inc.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: The Madera County Mountain Exclusive Operating Area
Name of Current Provider(s): Sierra Ambulance Service, Inc
<p>Area or subarea (Zone) Geographic Description: The Madera County Mountain Exclusive Operating Area includes the north-eastern portion of Madera County. It includes the communities of Oakhurst, Ahwahnee, Coarsegold, North Fork, Bass Lake, and O'Neals. It borders the Counties of Mariposa on the northwest, Mono on the northeast, and Fresno on the east. The southern border of the Mountain EOA is adjacent to the south-western area of Madera County, which is a non-exclusive response area.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u></p> <p>Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Madera County Mountain Exclusive Operating Area to a single emergency ground ambulance service. By creating the Mountain EOA, it is the intent of the Local EMS Agency, at the recommendation of the Madera County Board of Supervisors, to sustain the current level of medical standards and performance.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity. <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The EMS Agency, at the recommendation of the Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.</p> <p>Sierra Ambulance Service is a non-profit community owned service which was established in 1964. Sierra Ambulance Service has operated in the geographical area of the Mountain EOA since that time without interruption. In 1985, Sierra Ambulance Service evolved from Limited Advanced Life Support (EMT-II) to Advanced Life Support (Paramedic). Since 1964, Sierra Ambulance Service has been the only ambulance service providing primary emergency ambulance services within the geographical area of the Mountain EOA. On occasion, other ambulance providers respond into the Sierra Ambulance Service area when needed for mutual aid assistance. There has been no change in the ownership of Sierra ambulance, nor has the geographical area of their service area changed.</p>

**EMS PLAN
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In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 13
Name of Current Provider(s): Exeter District Ambulance
<p>Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 13 is located in north-central Tulare County and includes the community of Badger, Hartland, and the unincorporated areas surrounding these areas. It borders Ambulance Zone 3 and 4 on the south, Ambulance Zone 1 on the west, Fresno County on the north, and Mono County/Kings Canyon National Park on the east.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>Tulare County Ambulance Zone 13 is a <u>non-exclusive</u> operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Tulare County Ambulance Zone 13 is a non-exclusive operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Tulare County Ambulance Zone 13 is a non-exclusive operating area.</p>

**EMS PLAN
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In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 1 (Exclusive Operating Area)
Name of Current Provider(s): Dinuba City Fire Department
<p>Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 1 is located in the northwest portion of Tulare County. This zone includes the City of Dinuba, the communities of Cutler and Orosi, and the unincorporated areas surrounding these communities. Ambulance Zone 1 is bordered by Fresno County on the north, Tulare County Ambulance Zone 10 on the west, Tulare County Ambulance Zone 3 and 13 on the east, and ambulance Zone 2 on the south..</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) <u>Exclusive</u> Include intent of local EMS agency and Board of Supervisors action.</p> <p>Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 1 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition.</p> <p><u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.</p> <p>Dinuba City Fire Department was established in 1909 and has been the sole provider of ambulance services in the geographical response area without interruption. In 1978, Dinuba's ambulance services evolved to Limited Advanced Life Support (EMT-II) and then to Advanced Life Support (Paramedic) in 2007. On occasion, other ambulance providers respond into the Dinuba's response area when needed for mutual aid assistance. There has been no change in the ownership of Dinuba City Fire Department's ambulance, nor has the geographical area of their service area changed.</p> <p>This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).</p>

**EMS PLAN
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In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 2
Name of Current Provider(s): American Ambulance of Visalia
<p>Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 2 is located in the northwest portion of Tulare County. This zone includes the City of Visalia, the communities of Goshen and Tagus, and the unincorporated areas surrounding these communities. Ambulance Zone 2 is bordered by Tulare County Ambulance Zone 10 and 1 on the north, Tulare County Ambulance Zone 5 on the east, Tulare County Ambulance Zone 6 on the south, and the County of Kings on the west.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) -</p> <p>Tulare County Ambulance Zone 2 is a non-exclusive operating area. After the departure of Mobile Life Support on September 1, 2016, The EMS Agency notified the County and ambulance providers that Ambulance Zone 2 was no longer an exclusive operating area due to a change in manner and scope.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity</p> <p>Tulare County Ambulance Zone 2 is a non-exclusive operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Tulare County Ambulance Zone 2 is a non-exclusive operating area.</p>

**EMS PLAN
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In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name: Central California EMS Agency</p>
<p>Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 3</p>
<p>Name of Current Provider(s): Exeter District Ambulance</p>
<p>Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 3 is located in north-central Tulare County and includes the Cities of Woodlake and the communities of Lemon Cove, Badger, and the unincorporated areas surrounding these area. It borders Ambulance Zone 5 on the south, Ambulance Zone 4 on the east, Ambulance Zone 13 on the north, and Ambulance Zone 1 and 2 on the west</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>Tulare County Ambulance Zone 3 is a <u>non-exclusive</u> operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Tulare County Ambulance Zone 3 is a non-exclusive operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Tulare County Ambulance Zone 3 is a non-exclusive operating area.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 4
Name of Current Provider(s): American Ambulance of Visalia Exeter District Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 4 is located in the northeast portion of Tulare County. This zone includes the community of Three Rivers and the unincorporated areas surrounding this community. Ambulance Zone 4 is bordered by Tulare County Ambulance Zone 13 on the north, Tulare County Ambulance Zone 5 and 3 on the west, Tulare County Ambulance Zone 9, 14, and 17 on the south, and the Sequoia National Park/Mono County on the east.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Tulare County Ambulance Zone 4 is a non-exclusive operating area. It became a Non-Exclusive Operating Area on August 17, 2010, when Three-Rivers Ambulance discontinued service.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity Tulare County Ambulance Zone 4 is a non-exclusive operating area.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 3 is a non-exclusive operating area. It became a Non-Exclusive Operating Area on August 17, 2010, when Three-Rivers Ambulance discontinued service.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 5 (Exclusive Operating Area)
Name of Current Provider(s): Exeter District Ambulance Service
<p>Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 5 is located in the central portion of Tulare County. This zone includes the cities of Exeter and Farmersville, and the unincorporated areas surrounding these cities. Ambulance Zone 5 is bordered by Tulare County Ambulance Zone 3 on the north, Tulare County Ambulance Zone 2 on the west, Tulare County Ambulance Zone 8 on the south, and Tulare County Ambulance Zone 9 on the on the east.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) <u>Exclusive</u> Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 5 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.</p> <p>Exeter District Ambulance is a non-profit community owned ambulance service, which was established in 1977. Exeter has operated in the same geographical area of the Ambulance Zone 5 since that time without interruption. In 1978, Exeter evolved to Limited Advanced Life Support (EMT-II) and to paramedics in 2007. On occasion, other ambulance providers respond into the response area when needed for mutual aid assistance. There has been no change in the ownership of Exeter District Ambulance, nor has the geographical area of their service area changed.</p> <p>This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).</p>

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In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 6
Name of Current Provider(s): Sierra LifeStar Ambulance Service
<p>Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 6 is located in the southwestern portion of Tulare County. This zone includes the cities of Tulare and the unincorporated areas surrounding these city. Ambulance Zone 6 is bordered by Tulare County Ambulance Zone 2 on the north, Tulare County Ambulance Zone 8 on the east, Tulare County Ambulance Zone 7 on the south, and the County of Kings on the west.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Tulare County Ambulance Zone 6 is a non-exclusive operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity</p> <p>The Tulare County Ambulance Zone 6 is non-exclusive</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Tulare County Ambulance Zone 6 is non-exclusive</p>

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In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 7
Name of Current Provider(s): Sierra LifeStar Ambulance Service
<p>Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 7 is located in the southwestern portion of Tulare County. This zone includes the cities of Pixley and Earlimart and the unincorporated areas surrounding these cities. Ambulance Zone 7 is bordered by Tulare County Ambulance Zone 6 on the north, Tulare County Ambulance Zone 9 on the east, Tulare County Ambulance Zone 12 on the south, and the County of Kings on the west.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>Tulare County Ambulance Zone 7 is a <u>non-exclusive</u> operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>The Tulare County Ambulance Zone 7 is non-exclusive</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Tulare County Ambulance Zone 7 is non-exclusive.</p>

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In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 8
Name of Current Provider(s): Exeter District Ambulance Imperial Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 8 is located in central Tulare County and includes the City of Lindsay and the unincorporated areas surrounding these area. It borders Ambulance Zone 5 on the north, Ambulance Zone 9 on the east, Ambulance Zone 9 on the south, and Ambulance Zone 6 on the west
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 8 is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 8 is a non-exclusive operating area.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 8 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 9
Name of Current Provider(s): Imperial Ambulance
<p>Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 9 is located in central Tulare County and includes the City of Porterville, the communities of Springville, Terra Bella, and the unincorporated areas surrounding these areas. It borders Ambulance Zone 8 and 4 on the north, Ambulance Zone 14 and 16 on the east, Kern County on the south, and Ambulance Zone 6, 7, and 12 on the west</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>Tulare County Ambulance Zone 9 is a non-exclusive operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Tulare County Ambulance Zone 9 is a <u>non-exclusive</u> operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Tulare County Ambulance Zone 9 is a non-exclusive operating area.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 10
Name of Current Provider(s): Kingsburg City Fire Department
<p>Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 10 is located in the northwestern portion of Tulare County. This zone includes the community of Traver, and the unincorporated areas surrounding this area. Ambulance Zone 10 is bordered by Fresno County on the north, Tulare County Ambulance Zone 1 on the east, Tulare County Ambulance Zone 2 on the south, and the County of Kings on the west.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Tulare County Ambulance Zone 10 is a <u>non-exclusive</u> operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity</p> <p>Tulare County Ambulance Zone 10 is a non-exclusive operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Tulare County Ambulance Zone 10 is a non-exclusive operating area.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 12
Name of Current Provider(s): Delano Ambulance
<p>Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 12 is located in the southwestern portion of Tulare County. This zone includes the unincorporated areas north of the County of Kern. Ambulance Zone 12 is bordered by Tulare County Ambulance Zone 7 on the north, Tulare County Ambulance Zone 9 on the east, the County of Kern on the south, and the County of Kings on the west.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Tulare County Ambulance Zone 12 is a <u>non-exclusive</u> operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity Tulare County Ambulance Zone 12 is a non-exclusive operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 12 is a non-exclusive operating area.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 18
Name of Current Provider(s):	Imperial Ambulance / Liberty Ambulance (Ridgecrest-Kern County)
Area or subarea (Zone) Geographic Description:	Tulare County Ambulance Zone 18 is located in southeastern Tulare County and includes the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 17 on the north, the County of Mono on the east, County of Kern on the south, and Ambulance Zone 14, 15, and 16 on the west
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)	Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 18 is a <u>non-exclusive</u> operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 18 is a non-exclusive operating area.
Method to achieve Exclusivity, if applicable (HS 1797.224):	If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 18 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 14
Name of Current Provider(s): Tule River Ambulance Imperial Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 14 is located in central Tulare County and includes the wilderness area of the Sierra National Forrest and includes the Tule River Indian Reservation. It borders Ambulance Zone 9 and 4 on the north, Ambulance Zone 17 and 18 on the east, Ambulance Zone 16 and 18 on the south, and Ambulance Zone 9 on the west
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 14 is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 14 is a <u>non-exclusive</u> operating area.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 14 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name: Central California EMS Agency</p>
<p>Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 15</p>
<p>Name of Current Provider(s): Imperial Ambulance</p>
<p>Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 15 is located in southern Tulare County and includes the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 16 on the north, Ambulance Zone 18 on the east, Kern County on the south, and Ambulance Zone 16 on the west</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>Tulare County Ambulance Zone 15 is a non-exclusive operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Tulare County Ambulance Zone 15 is a <u>non-exclusive</u> operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Tulare County Ambulance Zone 15 is a non-exclusive operating area.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 16 (Non-Exclusive Operating Area)
Name of Current Provider(s): Imperial Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 16 is located in southern Tulare County and includes the unincorporated rural area of Tulare County and the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 9 and 14 on the north, Ambulance Zone 18 on the east, Ambulance Zone 15 on the south, and Ambulance Zone 9 on the west
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 16 is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 16 is a non-exclusive operating area.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 16 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 17
Name of Current Provider(s): Imperial Ambulance
<p>Area or subarea (Zone) Geographic Description:</p> <p>Tulare County Ambulance Zone 17 is located in east-central Tulare County and includes the extreme wilderness area of the Sequoia National Forrest. It borders Ambulance Zone 4 on the north, the County of Mono on the east, Ambulance Zone 18 on the south, and Ambulance Zone 14 on the west. This area is inaccessible by ambulance rarely has any requests for service.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) <small>Include intent of local EMS agency and Board of Supervisors action.</small></p> <p>Tulare County Ambulance Zone 17 is a <u>non-exclusive</u> operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p>Tulare County Ambulance Zone 17 is a non-exclusive operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p>Tulare County Ambulance Zone 17 is a non-exclusive operating area.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County - Reedley Exclusive Operating Area (Ambulance Zone J)
Name of Current Provider(s): Sequoia Safety Council
Area or subarea (Zone) Geographic Description: The Reedley Exclusive Operating Area is located in southeastern Fresno County and includes the Cities of Reedley, Orange Cove, the eastern portion of the City of Parlier, and the communities of Squaw Valley, Dunlap, Miramonte, and Pinehurst. It borders the County of Tulare on the South, Sequoia and Kings Canyon National Parks on the east, Fresno County Ambulance Zone G (non-exclusive) on the west, and Fresno County Ambulance Zone I (non-exclusive) on the north.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u> Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Reedley Exclusive Operating Area to a single emergency ground ambulance service. By creating the Reedley EOA in Fresno County, it is the intent of the Local EMS Agency, at the recommendation of the Fresno County Board of Supervisors, to sustain the current level of medical standards and performance.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The EMS Agency, at the recommendation of the Fresno County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. Sequoia Safety Council is a non-profit community owned service, which was established in 1953. Sequoia Safety Council has operated in the geographical area of the Reedley EOA since that time without interruption. In 1986, Sequoia Safety Council evolved to Limited Advanced Life Support (EMT-II) and then to Advanced Life Support (Paramedic) in 1987. Since 1953, Sequoia Safety Council has been the only ambulance service providing primary emergency ambulance services within the geographical area of the Reedley EOA in Fresno County. On occasion, other ambulance providers respond into the Sequoia Safety Council's response area when needed for mutual aid assistance. There has been no change in the ownership of Sequoia Safety Council, nor has the geographical area of their service area changed.

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Fresno County

Facility: Adventist Medical Center – Reedley

Telephone Number: (559) 638-8155

Address: 372 W Cypress Ave, Reedley, CA 93654

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Fresno County

Facility: Adventist Medical Center – Selma

Telephone Number: (559) 891-1000

Address: 1141 Rose Ave, Selma, CA 93662

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<u>Pediatric Critical Care Center⁴</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>EDAP⁵</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>PICU⁶</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Fresno County

Facility: Clovis Community Medical Center

Telephone Number: (559) 324-4000

Address: 2755 Herndon Ave, Clovis, CA 93611

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<u>Pediatric Critical Care Center⁷</u> <u>EDAP⁸</u> <u>PICU⁹</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Fresno County

CLOSED ON May 3, 2018

Facility: Coalinga Regional Medical Center

Telephone Number: (559) 935-6400

Address: 1191 Phelps, Coalinga, CA 93210

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency</p> <p><input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>	
<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

¹⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
¹¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
¹² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Fresno County

Facility: Community Regional Medical Center

Telephone Number: (559) 459-6000

Address: 2823 Fresno Street, Fresno, CA 93721

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Pediatric Critical Care Center</u> ¹³ <u>EDAP</u> ¹⁴ <u>PICU</u> ¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
¹⁴ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
¹⁵ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Fresno County

Facility: Kaiser Permanente – Fresno **Telephone Number:** (559) 448-4500

Address: 7300 N Fresno Street, Fresno, CA 93720

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁶ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
¹⁷ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
¹⁸ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Fresno County

Facility: St. Agnes Medical Center

Telephone Number: (559) 450-3000

Address: 1303 E Herndon Ave, Fresno, CA 93720

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---	---	---

Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Fresno County

Facility: Veterans Administration Hospital

Telephone Number: (559) 225-6100

Address: 2615 E Clinton Ave, Fresno, CA 93703

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---	---	---

Pediatric Critical Care Center²² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP²³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU²⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

²² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²³ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²⁴ Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Fresno County

Facility: Fresno County Crisis Stabilization Center

Telephone Number: (559) 600-4099

Address: 4111 E Kings Canyon Road, Fresno, CA 93702

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Referral Emergency* <input type="checkbox"/> Basic Emergency *Alternate Destination	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---	---

<u>Pediatric Critical Care Center</u> ²⁵ <u>EDAP</u> ²⁶ <u>PICU</u> ²⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

²⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
²⁶ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
²⁷ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Kings County

Facility: Adventist Medical Center – Hanford

Telephone Number: (559) 582-9000

Address: 115 Mall Drive, Hanford, CA 93230

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	

<u>Pediatric Critical Care Center²⁸</u> <u>EDAP²⁹</u> <u>PICU³⁰</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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²⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³⁰ Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Madera County

Facility: Valley Children’s Hospital

Telephone Number: (559) 353-3000

Address: 9300 Valley Children’s Place, Madera, CA 93636

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---	---	---

Pediatric Critical Care Center³¹ EDAP³² PICU³³	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II Pediatric <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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³¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
³² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Madera County

Facility: Madera Community Hospital

Telephone Number: (559) 675-5555

Address: 1250 E Almond Ave., Madera, CA 93637

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center³⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP³⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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³⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
³⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Tulare County

Facility: Kaweah Delta Medical Center

Telephone Number: (559) 624-2000

Address: 400 W Mineral King Ave., Visalia, CA 93291

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center³⁷ EDAP³⁸ PICU³⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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³⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
³⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Tulare County

Facility: Sierra View Medical Center

Telephone Number: (559) 784-1110

Address: 465 W Putnum Ave, Porterville, CA 93257

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	--	---	---

<u>Pediatric Critical Care Center</u> ⁴⁰ <u>EDAP</u> ⁴¹ <u>PICU</u> ⁴²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁴⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁴¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁴² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2019

County: Tulare County

Facility: Adventist Medical Center - Tulare

Telephone Number: (559) 688-0821

Address: 869 N Cherry, Tulare, CA. 93274

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁴³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁴⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁴⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
---	--	---

<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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⁴³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
⁴⁴ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
⁴⁵ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Fresno County

Reporting Year: 2019

Training Institution:	<u>Alert Medic/Reedley Volunteer Fire Dept</u>		Telephone Number:	<u>559-456-6006</u>
Address:	<u>2750 N Clovis Ave #105</u>			
	<u>Fresno, CA 93727</u>			
Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>\$550</u>	Number of students completing training per year:	
		Refresher: <u>\$100</u>	Initial training:	<u> </u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>
			Expiration Date:	<u>1/31/20</u>
			Number of courses:	
			Initial training:	<u>3</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u> </u>

Training Institution:	<u>CSU Fresno</u>		Telephone Number:	<u>559-278-4014</u>
Address:	<u>2345 E San Ramon Ave</u>			
	<u>Fresno, CA 93740</u>			
Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>n/a</u>	Number of students completing training per year:	
		Refresher: <u> </u>	Initial training:	<u> </u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>
			Expiration Date:	<u>6/30/22</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, A-EMT, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Fresno County

Reporting Year: 2019

Training Institution:	<u>Central California EMS Agency</u>		Telephone Number:	<u>559-600-3387</u>
Address:	<u>1221 Fulton Mall</u>			
	<u>Fresno, CA 93721</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>Paramedic</u>	
	Cost of Program:			
	Basic:	<u>\$6047</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u> </u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>
			Expiration Date:	<u>1/31/2022</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>

Training Institution:	<u>Fresno City College</u>		Telephone Number:	<u>559-265-5776</u>
Address:	<u>2930 E Annadale</u>			
	<u>Fresno, CA 93706</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$46/Unit</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u> </u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>
			Expiration Date:	<u>6/30/22</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, A-EMT, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Fresno County

Reporting Year: 2019

Training Institution:	<u>Fresno County Fire Protection District</u>		Telephone Number:	<u>559-485-7500</u>
Address:	<u>210 S Academy</u>			
	<u>Sanger, CA 93657</u>			
Student Eligibility*:	<u>Employees</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>n/a</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u> </u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>
			Expiration Date:	<u>6/30/22</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>2</u>
			Continuing Education:	<u> </u>

Training Institution:	<u>Sequoia Safety Council / Orange Cove Fire Department</u>		Telephone Number:	<u>559-638-9995</u>
Address:	<u>500 Center Street</u>			
	<u>Orange Cove, CA 93631</u>			
Student Eligibility*:	<u>Employees</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$750</u>	Number of students completing training per year:	
	Refresher:	<u>\$150</u>	Initial training:	<u> </u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>
			Expiration Date:	<u>8/31/22</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u> </u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, A-EMT, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Fresno County

Reporting Year: 2019

Training Institution:	<u>Selma City Fire Department</u>		Telephone Number:	<u>559-896-2511</u>
Address:	<u>2861 A Street</u>			
	<u>Selma, CA 93662</u>			
Student Eligibility*:	<u>Employees</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>n/a</u>	Number of students completing training per year:	
		Refresher: <u>n/a</u>	Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____
			Expiration Date:	<u>6/30/18</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>1</u>
			Continuing Education:	_____

Currently Renewing

Training Institution:	<u>Hume Lake Fire Department</u>		Telephone Number:	<u>559-335-2000</u>
Address:	<u>64144 Hume Lake Road</u>			
	<u>Hume, CA 93628</u>			
Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>\$150</u>	Number of students completing training per year:	
		Refresher: <u>n/a</u>	Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____
			Expiration Date:	<u>11/30/21</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>2</u>
			Continuing Education:	_____

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, A-EMT, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Fresno County

Reporting Year: 2019

Training Institution:	<u>National University</u>	Telephone Number:	<u>559-256-4982</u>
Address:	<u>20 River Park Place</u> <u>Fresno, CA 93711</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$750</u>	Initial training:	<u> </u>
Refresher:	<u>n/a</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>03/31/21</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u> </u>

Training Institution:	<u>Valley ROP</u>	Telephone Number:	<u>559-876-2122</u>
Address:	<u>1305 Q Street</u> <u>Sanger, CA 93657</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$150</u>	Initial training:	<u> </u>
Refresher:	<u>n/a</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>06/30/20</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u> </u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, A-EMT, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Fresno County

Reporting Year: 2019

Training Institution:	<u>Fowler High School / ROP</u>	Telephone Number:	<u>559-834-6160</u>
Address:	<u>701 East Main Street</u>		
	<u>Fowler, CA 93625</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>\$750</u>	Number of students completing training per year:	
	Refresher: <u>n/a</u>	Initial training:	<u> </u>
		Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>10/31/20</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u> </u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, A-EMT, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Kings County

Reporting Year: 2019

Training Institution:	<u>West Hills College</u>	Telephone Number:	<u>559-925-3759</u>
Address:	<u>555 College Ave</u> <u>Lemoore, CA 93245</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>Paramedic</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$46/unit</u>	Initial training:	<u> </u>
Refresher:	<u>\$46/unit</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>8/31/23</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u> </u>

Training Institution:	<u>West Hills College</u>	Telephone Number:	<u>559-925-3759</u>
Address:	<u>555 College Ave</u> <u>Lemoore, CA 93245</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$46/unit</u>	Initial training:	<u> </u>
Refresher:	<u>\$46/unit</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>8/31/23</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u> </u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, A-EMT, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Kings County

Reporting Year: 2019

Training Institution:	<u>Naval Air Station – Lemoore</u>		Telephone Number:	<u>559-998-1707</u>
Address:	<u>767 Franklin Ave</u>			
	<u>Lemoore, CA 93246</u>			
Student Eligibility*:	<u>NAS Personnel</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: \$	Number of students completing training per year:	
		Refresher: \$	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>6/30/20</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>1</u>
			Continuing Education:	

Training Institution:	<u>Lemoore Vol Fire Dept</u>		Telephone Number:	<u>559-924-6797</u>
Address:	<u>210 Fox Street</u>			
	<u>Lemoore, CA 93245</u>			
Student Eligibility*:	<u>Fire Personnel</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: \$	Number of students completing training per year:	
		Refresher: \$	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>3/31/22</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>1</u>
			Continuing Education:	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, A-EMT, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Madera County

Reporting Year: 2019

Training Institution:	<u>Madera Adult School</u>	Telephone Number:	<u>559-675-4425</u>
Address:	<u>26355 Ave 13</u> <u>Madera, CA 93637</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$200</u>	Initial training:	<u> </u>
Refresher:	<u>n/a</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>6/30/18</u> In Process
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u> </u>

Training Institution:	<u>Minarets Adult Education</u>	Telephone Number:	<u>559-658-1052</u>
Address:	<u>33144 Road 233</u> <u>North Fork, CA 93643</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$500</u>	Initial training:	<u> </u>
Refresher:	<u>\$150</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>8/31/20</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>5</u>
		Continuing Education:	<u> </u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, A-EMT, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Tulare County

Reporting Year: 2019

Training Institution:	<u>College of the Sequoias</u>	Telephone Number:	<u>559-730-3732</u>
Address:	<u>915 S Mooney Blvd</u> <u>Visalia, CA 93277</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$46/unit</u>	Initial training:	<u> </u>
Refresher:	<u>\$46/unit</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>10/31/19</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u> </u>

Training Institution:	<u>Dinuba City Fire Department</u>	Telephone Number:	<u>559-591-5931</u>
Address:	<u>496 E Tulare Ave</u> <u>Dinuba, CA 93618</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$600</u>	Initial training:	<u> </u>
Refresher:	<u>\$250</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>CLOSED 6/30/18</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u> </u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, A-EMT, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Tulare County

Reporting Year: 2019

Training Institution:	<u>Porterville College</u>	Telephone Number:	<u>559-791-2321</u>
Address:	<u>900 S Main Street</u>		
	<u>Porterville, CA 93257</u>		
Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level <u>EMT</u>
		Basic: <u>\$46/unit</u>	Number of students completing training per year:
		Refresher: <u>\$46/unit</u>	Initial training: _____
			Refresher: _____
			Continuing Education: _____
			Expiration Date: <u>10/31/19</u>
			Number of courses:
			Initial training: <u>2</u>
			Refresher: <u>2</u>
			Continuing Education: _____

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, A-EMT, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Training Institution:	<u>Tulare County Fire Department</u>	Telephone Number:	<u>559-802-9805</u>
Address:	<u>835 S Akers</u>		
	<u>Visalia, CA 93277</u>		
Student Eligibility*:	<u>Fire Personnel</u>	Cost of Program:	**Program Level <u>EMT</u>
		Basic: <u>\$</u>	Number of students completing training per year:
		Refresher: <u>\$</u>	Initial training: _____
			Refresher: _____
			Continuing Education: _____
			Expiration Date: <u>8/31/21</u>
			Number of courses:
			Initial training: <u>2</u>
			Refresher: <u>2</u>
			Continuing Education: _____

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Fresno County

Reporting Year: 2019

Name:	<u>Fresno County EMS Communications Center</u>		Primary Contact:	<u>Daniel Lynch</u>	
Address:	<u>4555 E Hamilton Ave</u>		Regional Dispatch Center For Fresno, Kings, and Madera Counties		
	<u>Fresno, CA 93702</u>				
Telephone Number:	<u>559-600-7838</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>80</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/>		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	Federal		
		<input type="checkbox"/> Law			
		<input checked="" type="checkbox"/> Other			
		Explain: <u>Health</u>			

County: Kings County

Reporting Year: 2019

Name:	<u>Fresno County EMS Communications Center</u>		Primary Contact:	<u>Daniel Lynch</u>	
Address:	<u>4555 E Hamilton Ave</u>		Regional Dispatch Center For Fresno, Kings, and Madera Counties		
	<u>Fresno, CA 93702</u>				
Telephone Number:	<u>559-600-7838</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>80</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/>		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	Federal		
		<input type="checkbox"/> Law			
		<input checked="" type="checkbox"/> Other			
		Explain: <u>Health</u>			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Madera County

Reporting Year: 2019

Name:	<u>Fresno County EMS Communications Center</u>		Primary Contact:	<u>Daniel Lynch</u>	
Address:	<u>4555 E Hamilton Ave</u>		Regional Dispatch Center For Fresno, Kings and Madera Counties		
	<u>Fresno, CA 93702</u>				
Telephone Number:	<u>559-600-7838</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>80</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other			
		Explain: <u>Health</u>			

County: Tulare County

Reporting Year: 2019

Name:	<u>Tulare County Consolidated Dispatch Center</u>		Primary Contact:	<u>Doug Woods</u>	
Address:	<u>125 North N Street</u>				
	<u>Tulare, CA 93274</u>				
Telephone Number:	<u>559-687-3314</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>16</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other			
		Explain:			